Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible t supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about you spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is need		
United States Bankruptcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA  Case number (If known)  2:24-bk-13904  Check if this is: A namended filing A supplement showing postpetition chap 13 income as of the following date:  MM / DD / YYYY  Schedule I: Your Income  Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible to supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If more space is need attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every quest information.  If you have more than one job, attach a separate page with information about additional employers.  Debtor 1  Debtor 2 or non-filling spouse  Employment status Employed Employed Include part-time, seasonal, or self-employed work.  Occupation  Deputy to Chief of Staff Driver  Employer's address  Employer's address  Employer's address  Employer's address  How long employed there?  Jan 2024 - present  Check if this is:  Check if this is:  Check if this is:  A supplement showing postpetition chap 13 income as of the following date:  MM / DD / YYYY  MM / DD / YYYY  An amended filing A supplement showing postpetition chap 13 income as of the following date:  MM / DD / YYYY  Debtor 2, both are equally responsible to the following date:  Debtor 2, both are equally responsible to the following date:  Debtor 2, both are equally responsible to the following date:  Debtor 2 or non-filing spouse  Employed Plant Debtor 2 or non-filing spouse  Employe		
Case number (If known)    Check if this is:   An amended filing   A supplement showing postpetition chap   A supplement showing postpetition   A supplement showing postpetition   A supplement showing postpetition   A supplement showing postpetition chap   A supplement showing postpetition   A sup		
An amended filling   A supplement showing postpetition chap 13 income as of the following date:		
Official Form 106  Schedule I: Your Income  Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible to supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If more space is need attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question about additional pages, write your name and case number (if known). Answer every question information.  If you have more than one job, attach a separate page with information about additional employers.  Include part-time, seasonal, or self-employed work.  Occupation may include student or homemaker, if it applies.  Employer's name  Employer's address  Employer's address  MM / DD/YYYY   MM / DD/YYY   MM / DD/YYYY   MM / DD/YYYY   MM / DD/YYY   MM / DD/YY  And Debtor 2 or non-filling spouse   Employed    Debtor 1   Debtor 2 or non-filling spouse    Employed   Deputy to Chief of Staff   Driver    Driver   Driver   Deputy of Philadelphia   Driver	pter	
Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible is supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is need attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every quest attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every quest attach a separate page with information about additional employers.    Part 1:		
supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is need attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every quest attach a separate page with information.  If you have more than one job, attach a separate page with information about additional employers.  Include part-time, seasonal, or self-employed work.  Occupation  Occupation  Occupation may include student or homemaker, if it applies.  Employer's name  City of Philadelphia  Jayda Transports, LLC  Employer's address  9351 Maple Lane Larsen, WI 54947  How long employed there?  Jan 2024 - present  2021 - present	12/15	
If you have more than one job, attach a separate page with information about additional employers.  Include part-time, seasonal, or self-employed work.  Occupation may include student or homemaker, if it applies.  Debtor 1  Debtor 2 or non-filing spouse  Employed  Not employed  Not employed  Deputy to Chief of Staff  Driver  City of Philadelphia  Jayda Transports, LLC  9351 Maple Lane Larsen, WI 54947  How long employed there?  Jan 2024 - present  2021 - present	ur ded,	
attach a separate page with information about additional employers.  Include part-time, seasonal, or self-employed work.  Occupation may include student or homemaker, if it applies.  Deputy to Chief of Staff  Driver  City of Philadelphia  Jayda Transports, LLC  City of Philadelphia  Bemployer's address  Bemployer's address  Final Driver  City of Philadelphia  Jayda Transports, LLC  9351 Maple Lane Larsen, WI 54947  How long employed there?  Jan 2024 - present  2021 - present		
Include part-time, seasonal, or self-employed work.  Occupation may include student or homemaker, if it applies.  Employer's name  City of Philadelphia  Jayda Transports, LLC  Employer's address  Employer's address  9351 Maple Lane Larsen, WI 54947  How long employed there?  Jan 2024 - present  2021 - present	⊠ Employed	
Occupation may include student or homemaker, if it applies.  Employer's name  City of Philadelphia  Jayda Transports, LLC  Employer's address  9351 Maple Lane Larsen, WI 54947  How long employed there?  Jan 2024 - present  2021 - present		
or homemaker, if it applies.  Employer's address  9351 Maple Lane Larsen, WI 54947  How long employed there?  Jan 2024 - present  2021 - present	9351 Maple Lane	
<u> </u>		
Part 2: Give Details About Monthly Income	_	
Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing sunless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you none space, attach a separate sheet to this form.		
For Debtor 1 For Debtor 2 or non-filing spouse		
List monthly gross wages, salary, and commissions (before all payroll 2. deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 9,151.89 \$ 8,293.87		
3. Estimate and list monthly overtime pay. 3. +\$		
4. <b>Calculate gross Income.</b> Add line 2 + line 3. 4. \$ \$ \$ \$ \$		

Official Form 106I Schedule I: Your Income page 1

Deb	tor 1	Sharonne N Ku-Ntima		Case number (if known)	2:24-bk-13904		
				For Debtor 1	For Debtor 2 or non-filing spouse		
	Cop	y line 4 here	4.	\$ 9,151.89	\$ 8,293.87		
5.	List	all payroll deductions:					
	5a. 5b. 5c. 5d. 5e. 5f. 5g. 5h.	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance Domestic support obligations Union dues Other deductions. Specify: Additional Insur-Supplemental Co Op Fee Loan Payback	5a. 5b. 5c. 5d. 5e. 5f. 5g. 5h.+	\$ 235.84 \$ 0.00 \$ 470.54 \$ 0.00 \$ 252.44 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00	\$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 593.23 \$ 730.95		
		Trailer Fee	-	\$ 0.00	\$ 1,594.67		
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$\$	\$3,871.36		
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$8,183.84	\$\$		
8.	8b. 8c. 8d. 8e. 8f. 8g. 8h.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  Pension or retirement income  Contribution from Mother towards Other monthly income. Specify:  IRS Refund 1/12	8a. 8b. 8c. 8d. 8e.	\$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 152.00	\$ 0.00		
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$591.00	\$		
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	0. \$_	8,774.84 + \$	4,422.51 = \$ 13,197.35		
11.	Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.  Specify:  11. +\$ 0.00						
	Writ app	I the amount in the last column of line 10 to the amount in line 11. The resule that amount on the Summary of Schedules and Statistical Summary of Certain lies  you expect an increase or decrease within the year after you file this form? No.	Liabii	•			
		No.					